

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029369

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 30 1962

500

1974

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY NONE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS			Length of stay in 1b 171 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3908 MAFFITT AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAM Middle BONNER Last BONNER				4. DATE OF DEATH Month JULY Day 2 Year 1962			
5. SEX MALE	6. COLOR OR RACE NEGROID	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-22-1896	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 6 Days 6		IF UNDER 24 HR Hours 6 Min. 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL INDUSTRY		11. BIRTHPLACE (City and state or country) LONOKE, ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME NED BONNER			13b. MOTHER'S MAIDEN NAME SALLIE MC GREGOR		14. NAME OF HUSBAND OR WIFE ROSIE BONNER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address ROSIE BONNER, 3908 MAFFITT AV, ST LOUIS, MO		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE TRACHEOBRONCHITIS AND MASSIVE BRONCHO-PNEUMONIA (ALL LOBES INVOLVED)						INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (RESOLVING) MEMBRANE FROM OLD SUBDURAL HEMATOMA, LEFT CORTEX						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____/_____/_____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 1-12-62 to 7-2-62 Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Paul G. Stansdorfer, MD</i> (Degree or title)				22b. ADDRESS VAH JEFFERSON BARRACKS, MO.		22c. DATE SIGNED 7-3-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/6/62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		(State)	
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney			25. DATE RECD. BY LOCAL REG. 7-3-62		26. REGISTRAR'S SIGNATURE <i>John C. Murphy MD.</i>		

XXXXXX

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student Raymond Dickson
Signature of Student Embalmer

Signed Dwight L. Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.